



MASTER LICENSE SERVICE
DEPARTMENT OF LICENSING
P.O. BOX 9034
OLYMPIA, WA 98507-9034
Telephone: (360) 664-1400

UBI NUMBER

PERSONAL/CRIMINAL HISTORY STATEMENT

(For Liquor, Lottery, Gambling and Cigarette Wholesaler Licenses)

Please type or print clearly in dark ink. Complete all spaces or print N/A in spaces that do not apply.

PERSONAL STATEMENT		Type of License(s) you are applying for: (A copy of this form will be provided to the agencies you check below.) <input type="checkbox"/> LIQUOR <input type="checkbox"/> LOTTERY <input type="checkbox"/> GAMBLING <input type="checkbox"/> CIGARETTE WHOLESALER					
BUSINESS NAME: (DBA or trade name)							
BUSINESS LOCATION ADDRESS: Street or Route			City		County	State or Country	Zip Code
I AM A: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> STOCKHOLDER <input type="checkbox"/> FINANCIER <input type="checkbox"/> LLC MEMBER/MGR <input type="checkbox"/> SPOUSE (Check all that apply) <input type="checkbox"/> PARTNER Title: _____ 10% or more <input type="checkbox"/> MANAGER <input type="checkbox"/> OTHER: _____							
NAME: Last		First		Middle		Maiden	
OTHER NAMES USED:				SOCIAL SECURITY NUMBER:		PREVIOUS SOCIAL SECURITY NUMBER:	
HOME MAILING ADDRESS:				City		County	
State or Country	Zip Code	E-MAIL ADDRESS:		FAX NUMBER ()		HOME PHONE: ()	
BIRTHDATE: Month, Day and Year		PLACE OF BIRTH: City		County		State or Country	
SEX:	RACE:	HEIGHT:	WEIGHT:	EYE COLOR:	HAIR COLOR:	DRIVER'S LICENSE NUMBER & STATE OF ISSUE:	
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, give alien registration/entry visa/work permit number(s):			PORT OF ENTRY:		DATE OF ENTRY: (Month, Day and Year)
MILITARY SERVICE: Branch and dates of service				COUNTRY OF MILITARY SERVICE:		TYPE OF DISCHARGE:	
SPOUSE'S NAME: Last		First		Middle		Maiden	
DATE OF MARRIAGE: (Month, Day and Year)		PLACE OF MARRIAGE: City		County		State or Country	Zip Code

RESIDENCE INFORMATION		You must list all places of residence for the last 10 consecutive years (include foreign residences). List current residence first. If more space is needed, attach additional sheets in same format.					
Dates From - To:	STREET ADDRESS:						
	CITY:		COUNTY:		STATE OR COUNTRY:	ZIP CODE:	
Dates From - To:	STREET ADDRESS:						
	CITY:		COUNTY:		STATE OR COUNTRY:	ZIP CODE:	
Dates From - To:	STREET ADDRESS:						
	CITY:		COUNTY:		STATE OR COUNTRY:	ZIP CODE:	
Dates From - To:	STREET ADDRESS:						
	CITY:		COUNTY:		STATE OR COUNTRY:	ZIP CODE:	

APPLICANT: KEEP PINK COPY

PERSONAL/CRIMINAL HISTORY STATEMENT (Page 2)

UBI NUMBER

EMPLOYMENT HISTORY

List employment, self-employment, military, unemployment and school attendance for the **last 10 consecutive years** (including foreign residences). **If more space is needed, attach additional sheets in the same format.**

Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>Street or Route</i>	<i>City</i>	<i>County</i>	<i>State or Country</i>	<i>Zip Code</i>	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>Street or Route</i>	<i>City</i>	<i>County</i>	<i>State or Country</i>	<i>Zip Code</i>	
Dates From - To:	TITLE:	SUPERVISOR:			
EMPLOYER/SCHOOL:					
ADDRESS: <i>Street or Route</i>	<i>City</i>	<i>County</i>	<i>State or Country</i>	<i>Zip Code</i>	

LICENSE HISTORY

List any business licenses that you have ever held, currently applied for, or have been denied/revoked/suspended in any state.

TYPE	LICENSE NUMBERS	BUSINESS NAME	STATE	LAST YEAR HELD
GAMBLING				
LIQUOR				
LOTTERY				
OTHER				

CRIMINAL HISTORY STATEMENT

Have you ever:

1. Been arrested or cited?
2. Been charged with a crime?
3. Been convicted?

4. Been Jailed?
5. Been placed on probation?
6. Forfeited bail or paid a fine over \$25 (Include traffic fines)?

☐ YES ☐ NO

You must answer "YES" if any of the above have occurred, **even if charges were dismissed, deferred or changed.** Explain each charge fully below and attach additional sheets as needed. False or incomplete information may result in denial, suspension or revocation of a license. **You must include events that occurred while you were a juvenile.**

OFFENSE DATE	OFFENSE	CITY	COUNTY	STATE	DISPOSITION AND DATE

CERTIFICATION

I certify under penalty of perjury that all answers and statements are true, correct and complete. I understand that untruthful or misleading answers are cause for denial of a license and/or revocation of any license granted. **I hereby authorize investigation of my criminal history, financial records and other sources as necessary for licensing.**

SIGNATURE:

X

PRINT NAME:

DATE SIGNED:

PLACE SIGNED: (*City, County and State*)

If applying for gambling license, elected chief executive officer or employer must sign below:

SIGNATURE:

X

PRINT NAME:

DATE SIGNED:

PLACE SIGNED: (*City, County and State*)

APPLICANT: KEEP PINK COPY